

OIL CONSERVATION DIVISION
P. O. BOX 2008
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|-------------------|-----|
| NO. OF APPLICANTS | |
| DATE RECEIVED | |
| SANTA FE | |
| FILE | |
| U.S.O.B. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |
| Operator | |

Marathon Oil Company
Address
P.O. Box 2409, Hobbs, New Mexico 88240

| | | | |
|--|---|-------------------------------------|---|
| Reason(s) for filing (Check proper box) | | Other (Please explain) | |
| New Well <input type="checkbox"/> | Change in Transporter of: | Dry Gas <input type="checkbox"/> | Temporary test allowable of 1000 barrels. |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> | Condensate <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | | |

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|---|--|-----------|
| Lease Name J. L. Muncy | Well No. 5 | Pool Name, including Formation Driehood - Blinbry | Kind of Lease State, Federal or Fee | Lease Fee |
| Location Unit Letter <u>P</u> : <u>990</u> Feet From The <u>East</u> Line and <u>990</u> Feet From The <u>South</u> | | | | |
| Line of Section <u>24</u> Township <u>22S</u> Range <u>37E</u> , NMPM, Lea Coun | | | | |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Texas-New Mexico Pipeline Co. | Box 1510, Midland TX 79701 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Warren Petroleum Co. | Box 1197, Eunice, NM 88231 |
| If well produces oil or liquids, give location of tanks. | Is gas actually connected? When |
| Unit <u>P</u> Sec. <u>24</u> Twp. <u>22S</u> Rge. <u>37E</u> | |

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

| | | | | | | | | |
|------------------------------------|-----------------------------|-----------------|----------|--------------|--------|-------------------|-------------|-----------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'y. | Diff. Re. |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | | P.B.T.D. | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | | Tubing Depth | | | | |
| Perforations | | | | | | Depth Casing Shoe | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours)

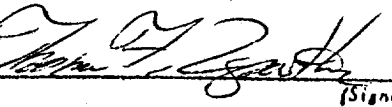
| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

GAS WELL

| | | | |
|-----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pistol, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


Thomas F. Zaparka
(Signature)
Production Engineer
(Title)
May 14, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 17 1984, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

RECEIVED

MAY 16 1984

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O.C.D.
HOBBS OFFICE